

# BEST AVAILABLE COPY

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	CAI	11	2/1/2001
FORMALITY REVIEW	LS2	TC 3-887	03-01-01
RESPONSE FORMALITY REVIEW	SK	835	05/30/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 - = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions